

Zipline Adventure Release Form

Please read and complete this form prior to your participation in our zipline adventure activity. Your safety is our priority.

Full Name

Date of Birth

Address

Email Address

Assumption of Risk, Waiver and Release

I acknowledge that participation in the zipline adventure involves certain risks, including but not limited to injury, death, or property damage. I voluntarily assume all such risks and agree to release and hold harmless the organizers, employees, or agents from any liability arising from my participation.

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I have read and agree to the terms above

Signature

Date

If Under 18, Parent/Guardian Consent

I am the parent or legal guardian of the above participant and consent to their participation.

Parent/Guardian Name

Parent/Guardian Signature

Date